

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/22/2015
FORM APPROVED
OMB NO. 0938-0391

45th 9/05/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445259	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2015
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NAME OF PROVIDER OR SUPPLIER

SUMMIT VIEW OF ROCKY TOP

STREET ADDRESS, CITY, STATE, ZIP CODE

204 INDUSTRIAL PARK RD
ROCKY TOP, TN 37769

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 029 SS=D NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to ensure NEW hazardous area storage rooms were provided with a 1-hour rated room and a 45-minute rated fire door that is self-closing.(NFPA 101, Table 18.3.2.1)

The findings include:

Observation and interview with the Maintenance Director, on 7/20/2015 at 10:30 AM confirmed former resident rooms 105 and 502 usage has been changed and were now being used as combustible storage rooms without being a 1-hour rated room with a 45-minute rated fire door that is self-closing.

This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 7/20/2015.

K 073 SS=E NFPA 101 LIFE SAFETY CODE STANDARD

No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4

K 029 Items in Room 105 and 502 were removed by Maintenance Supervisor and rooms will no longer be used for item storage.

All residents have the potential to be effected. All rooms not designated for storage were checked by the Maintenance Supervisor and items removed if determined to be out of compliance

Designated Storage areas will be used for item storage. In the event further storage is needed, Plans review approval will be obtained prior to new storage room designation.

Maintenance Director and Administrator will ensure storage items are only stored in designated storage areas. Maintenance director will do frequent spot checks to ensure areas are not being used for storage. Any non compliance will be taken to the Administrator immediately to ensure compliance with regulation.

8/17/15

K 073

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Richard L.

TITLE

Administrator

(X6) DATE

8/11/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER SUMMIT VIEW OF ROCKY TOP			STREET ADDRESS, CITY, STATE, ZIP CODE 204 INDUSTRIAL PARK RD ROCKY TOP, TN 37769		
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K 073	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure combustible decorations and floral arrangements were not highly flammable (NFPA 110, 19.7.5.4). The findings include: Observation and interview with the Maintenance Director, on 7/20/2015 during the facility tour between 9:00 AM and 12:00 PM confirmed the facility failed to provide documentation to show decorations in the corridors and dining room were treated with fire retardant material. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 7/20/2015.	K 073	Decorations in corridors and dining room were treated with fire retardant material by Maintenance Supervisor on 8/11/15 All Residents have the potential to be effected by the deficient practice. All decorations in the facility were ensured to be protected by fire retardant by Maintenance Director. A log for fire retardant material was in place and up to date. The items in question were overlooked and not placed onto the existing log. New decorations will be announced in the daily stand up meeting and the Maintenance Director will apply fire retardant material and log the completion of these items prior to the decorations being installed. All decorations will be discussed in morning meeting prior to installation. Any decorations noted to be placed on walls prior to fire retardant material application will be treated and the non compliance will be noted in the Safety Meeting	8/17/15	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to fire rated construction is maintained. The findings include: Observation on 7/20/2015 at 10:30 AM confirmed the gas supply line in the corner of the kitchen penetrated the ceiling and was not firestopped. (NFPA 101, 8.2.3.2.4.2) This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 7/20/2015.	K 130	K130 Gas Supply line was properly sealed around the penetration in the ceiling with fire caulk material on 7/20/2015 by Maintenance Director All penetrations in ceiling tiles have the potential to be effected. Maintenance Director will ensure any new penetrations in ceiling tiles are properly fire sealed after new penetrations occur. Maintenance Director will do routine checks on all areas of the building to determine any non compliant areas. Areas will be repaired immediately upon findings. Maintenance Director will notify Safety Committee of any fire penetrations that have been repaired and provide acknowledgement of routine building checks.	8/17/15	
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	K 147			

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K 147 SS=D	Continued From page 2 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure electrical outlets were maintained.(NFPA 70) The findings include: Observation and interview with the maintenance director on 7/20/2015 at 10:34 AM confirmed the electrical outlet at the wall side of the bed in room 306, A-bed, was damaged. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 7/20/2015.	K 147	Outlet in Room 306 was replaced by Maintenance Director on 7/22/2015. All outlets have the potential to be effected by the deficient practice. All outlets were checked by Maintenance Director or designee and replaced if noted to be damaged Maintenance Director will perform monthly checks on electrical outlets and replace or repair as necessary. Maintenance Director will meet with Safety committee to report results.	8/17/15	